

**South Caribbean Conference of SDA
EAGER BEAVER CLUB APPLICATION**

(To be filled out by parent/guardian on behalf child/ward)



Name Phone Cell

Address

.....

Church

Age Date of Birth

Father's Name SDA: Yes [] No []

Mother's Name SDA: Yes [] No []

In case of emergency contact

Name:

Address:

Relationship:

Contact #: Cell #

EAGER BEAVER PLEDGE

“Jesus loves me and I want to do my best for Him”

I/we give consent for my/our **son/daughter/ward**, to be a member of the Eager Beaver Club. I/we promise to co-operate with the programme or work by assisting my/our child/ward.

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Signature of Parents/Guardians